

FILED AUG 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25237

BIRTH NO.		REG. DIST. NO. 11	PRIMARY REG. DIST. NO. 4024	Registrar's No. 59
1. PLACE OF DEATH a. COUNTY Barry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barry		
b. CITY (If outside corporate limits, write RURAL and give town or township) Cassville		c. LENGTH OF STAY (In this place) 2 da.	c. CITY OR TOWN Cassville	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassville Community Hospital		e. STREET ADDRESS (If rural, give location) 2050		
3. NAME OF DECEASED (Type or Print) JOHN GARNER MATTHEWS		a. (First)	b. (Middle)	c. (Last)
4. DATE OF DEATH AUGUST 5, 1955		(Month) (Day) (Year)		
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH July 19, 1869	9. AGE (In years last birthday) 86
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming		10b. KIND OF BUSINESS OR INDUSTRY farm	11. BIRTHPLACE (City and State or Foreign Country) Sheridan County, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Joe Canady Matthews		13b. MOTHER'S MAIDEN NAME Mary Eliza Madox	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Fay Carter-Okla. City, Okla.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bunshot wound of brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 981X		INTERVAL BETWEEN ONSET AND DEATH 12 days
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE Homicide	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) his home	21c. (CITY, TOWN, OR TOWNSHIP) Cassville	(COUNTY) Barry (STATE) Mo.
21d. TIME OF INJURY Aug. 3, 1955	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? He was shot in rt. frontal area	
22. I hereby certify that I attended the deceased from Aug. 3, 1955, to Aug. 5, 1955, that I last saw the deceased alive on Aug. 4, 1955, and that death occurred at 11 P. M., from the causes and on the date stated above.				
23a. SIGNATURE Mary Newman		(Degree or title) M.D.	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED Aug. 6, 1955
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24b. DATE Aug. 8, 1955	24c. NAME OF CEMETERY OR CREMATORY Newcomer's Crematory	24d. LOCATION (City, town, or county) Kansas City, Missouri	(State)
DATE REC'D BY LOCAL REG. Aug 11-1955	REGISTRAR'S SIGNATURE Grace Williams	10-0	25. FUNERAL DIRECTOR'S SIGNATURE J. E. Culver - Cassville, Mo.	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 855-309

DATE REC. 8-13-55

AUG 18 1955

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by M. C. C. C. Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Raymond A. Davis Student Embalmer No. 342
Licensed Embalmer No.
P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.